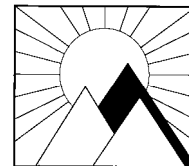


# BUREAU OF REHABILITATION SERVICES

## APPLICATION FOR SERVICES



NAME \_\_\_\_\_

I understand that I am responsible to help the Bureau of Rehabilitation Services (BRS) to determine my eligibility within 60 days of my application. I will be an applicant when I have:

- ◆ Signed the bottom of this form,
- ◆ Completed a BRS Intake Questionnaire, and
- ◆ Helped BRS to begin to get the information that is needed to decide if I am eligible for services.

I understand that all of the information that BRS gathers about me will be confidential. This information will not be released to anyone without my informed written consent, except where allowed or required by law. It may be released if my actions cause serious concern about my safety or the safety of others. When BRS receives the information about me BRS will review it to determine if I am eligible for vocational rehabilitation services.

I understand that BRS can only pay for services if BRS writes an authorization before the services begin. I will not make promises to others that BRS will pay for any goods or services.

BRS has given me information about the Client Assistance Program (CAP) that is available in Connecticut (**see reverse**). CAP can be reached at 1-800-842-7303, voice or TDD.

My counselor has explained the Order of Selection policy to me.

I understand that BRS may get information about my Social Security or Department of Social Services benefits, as well as Department of Labor employment records, for purposes of my vocational rehabilitation program.

If I disagree with any decision made by BRS (see consumer Handbook for more information):

- ◆ I should first speak with my counselor to try to work out the problem.
- ◆ I also have the right to request an Informal Review by the District Director, mediation and/or Administrative Hearing.
- ◆ I must make a request for these steps within 30 days after they have notified me of the decision I disagree with.
- ◆ If I want to request an Informal Review, I must send my request to the BRS District Director in my area.
- ◆ If I want to request mediation or an Administrative Hearing, I must send my request to the BRS Director, Department of Social Services, 25 Sigourney St., Hartford, CT 06106.

**I am applying for BRS services because I want to work, or to keep my job if I am employed.**

\_\_\_\_\_  
applicant's signature

\_\_\_\_\_  
(if applicant is a minor, parent or guardian)

\_\_\_\_\_  
date

\_\_\_\_\_  
name of counselor

\_\_\_\_\_  
address

\_\_\_\_\_  
telephone

## **BUREAU OF REHABILITATION SERVICES**

### **WHEN YOU HAVE QUESTIONS:**

If you do not understand what is happening with your application for services, or what is expected of you, or you have any other questions, first talk to your counselor. If this does not solve your concerns or answer your questions, you are then encouraged to speak to your counselor's supervisor and/or District Director. You can request their names and telephone numbers by calling the BRS office closest to your home or our toll-free information line (1-800-537-2549).

You can find information about BRS services, the BRS eligibility process, and about what to do if you disagree with BRS in the BRS Consumer Handbook.

### **ANOTHER SOURCE OF ASSISTANCE IS THE:**

#### **CLIENT ASSISTANCE PROGRAM.**

##### **WHAT IS THE CLIENT ASSISTANCE PROGRAM (CAP)?**

CAP is a program to help you to understand your rights under the vocational rehabilitation program or help you if you have problems receiving services from the Bureau of Rehabilitation Services. CAP can provide advice, representation, or legal assistance, if appropriate. All services are free of charge and provided on a non-discriminatory basis.

##### **THE CLIENT ASSISTANCE PROGRAM (CAP) CAN BE REACHED AT:**

The State Office of Protection and Advocacy for Persons with Disabilities  
60 Weston Street  
Hartford, Connecticut 06120-1551

Hartford Area: 297-4300; 566-2102 (TDD)

All Other Areas: 1-800-842-7303 TOLL-FREE VOICE AND TDD